SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 28 OF 28 FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
LATINO VICTORY FUND				C C00562777	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y	
Full Name of Payee				Public Distribution/Dissemination	
Mailing Address 1090 Vermont Avenue NW Suite 300				02 / 22 / 2018	
1090 Vermont Avenue NWV Suite 300			Amoun	t	
City	State Zip Code			16912.25	
Washington	DC	20005	Transaction ID : SE.5367 Date of Disbursement or Obligation		
Purpose of Expenditure Direct Mail, Non-contribution Account		Category/ Type		02 / 22 / Y Y Y Y Y Y 2018	
Name of Federal Candidate: Support Office				: X House District: 16	
ESCOBAR, VERONICA, , ,	Oppose	Preside			
Calendar Year-To-Date			Disbursement	For: X Primary General	
Per Election for Office Sought	7 7	33929.18	2018 Ot	her (specify) ▶	
Full Name of Payee				f Public Distribution/Dissemination	
			М	M / D D / Y Y Y Y	
Mailing Address					
			Amoun	t	
City	State	Zip Code			
Purpose of Expenditure		Category/	Date of	f Disbursement or Obligation	
		Type			
Name of Federal Candidate: Support			Office Sought: House District:		
		Oppose	Preside	nt Senate State:	
Calendar Year-To-Date Dis			Disbursement	For: Primary General	
Per Election for Office Sought			Ot	her (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Le Brusq, Sara, , ,	Electronically Fil	lad1	M = M /	D D / Y Y Y Y Y Y	
Signature	ъжи описану Е н	eaj Date	03	19 2018	